

MULTIPLE INDEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/552909

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL DEP.	19	↔	16	↔	↔		
TOTAL CLAIMS	20	████████	17	████████	████████		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
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100							
TOTAL IND.		↔		↔		↔	
TOTAL DEP.		↔		↔		↔	
TOTAL CLAIMS		████████		████████		████████	